

Stage 2 Vapor Recovery Program Exemption Report

Form 4500-136 (R 4/05)

Notice: Completion of this form is mandatory to claim that a gasoline dispensing facility is exempt from the vapor recovery requirement specified in s. NR 420.045(2), Wis. Adm. Code. Failure to comply could subject the violator to penalties provided under s. 285.87, Wis. Stats., which include forfeitures of up to \$25,000 per day of violations or imprisonment for not more than six (6) months, or both, for intentional violation of this provision. Personally identifiable information provided may be matched with other private, state, and federal agencies and may also be made available to requesters under Wisconsin Open Records law [ss. 19.31 - 19.39, Wis. Stats.].

Instructions: Complete this form and return it to the Department by March 1st of every year. Send to: WDNR Vapor Recovery, Attn: Randy Reading, 2300 N. Dr. M.L. King Jr. Drive, Milwaukee, WI 53212. Or, fax to: 414-263-8716

Applicant Information

Station ID#:	Station Name:		
Address	City	State	ZIP Code
Owner	Operator/Manager (if not Owner)		
Owner Telephone No.	Operator/Manager Telephone No.		

Exemption Information

Type of Exemption Claimed (Check all that apply):

- ☐ Throughput Exemption
☐ Independent Small Business Marketer (ISBM) Exemption

Exemption Year _____

Annual Throughput Previous Year (Exemption Year)

Month	Gallons	Month	Gallons
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	
		Annual Throughput Totals	

List any period of time that the facility was non-operational during the previous year:

Station pumped less than 50,000 gallons per month on average the last 24 months

☐ Yes ☐ No

Is the stationary storage tank system capacity 2,000 gallons or more?

If capacity is less than 2,000 gallons, you will **not** be required to report in future years, but you **must** return this form to the Wisconsin DNR this year so we may record that fact.

☐ Yes ☐ No

Certification

I certify that the information provided on this form is true and accurate to the best of my knowledge.

Name and Title of Responsible Party (Print)

Signature of Responsible Party

Date Signed